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## \*\* CONTINUING DATA \*\*\*\*\*

*Yes BB*  
This appln claims benefit of 60/149,390 08/17/1999  
and claims benefit of 60/184,631 02/24/2000

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 01/11/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 11	TOTAL CLAIMS 17 16	INDEPENDENT CLAIMS 1 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	Initials			

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## TITLE

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